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CONFIRMATION NO. 7110

|  |   |                                |   |   |
|--|---|--------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/759,538   | <b>FILING OR 371(c) DATE</b><br>01/20/2004<br><b>RULE</b>   | <b>CLASS</b><br>514            | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>P-5466-US |
| <b>APPLICANTS</b><br>Mitchell S. Steiner, Germantown, TN;<br>Karen A. Veverka, Cordova, TN;<br>James T. Dalton, Upper Arlington, OH;<br>Duane D. Miller, Germantown, TN;   |   |                                |   |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/441,308 01/22/2003  |   |                                |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/22/2004  |   |                                |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <input checked="" type="checkbox"/> Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>TN  | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>95               |
|  |   | <b>INDEPENDENT CLAIMS</b><br>4 |   |   |
| <b>ADDRESS</b><br>49443  |   |                                |   |   |
| <b>TITLE</b><br>Treating androgen deficiency in female (ADIF)-associated conditions with SARMS   |   |                                |   |   |
| <b>FILING FEE RECEIVED</b><br>2358   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |